

<i>SERFF Tracking Number:</i>	<i>LDRD-125660821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$120</i>
<i>Company Tracking Number:</i>	<i>051-608</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Revised Form Filing</i>		
<i>Project Name/Number:</i>	<i>Revised Form Filing/051-608</i>		

## Filing at a Glance

Company: Republic Mortgage Insurance Company

Product Name: Revised Form Filing

SERFF Tr Num: LDRD-125660821 State: Arkansas

TOI: 06.0 Mortgage Guaranty

SERFF Status: Closed

State Tr Num: EFT \$120

Sub-TOI: 06.0000 MG Sub-TOI Combinations

Co Tr Num: 051-608

State Status: Fees verified and received

Filing Type: Form

Co Status: Approved

Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Cindie Lowe, Angela Martin, Jackie Wall

Disposition Date: 06/20/2008

Date Submitted: 05/21/2008

Disposition Status: Approved

Effective Date Requested (New): 07/16/2008

Effective Date (New): 07/16/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Revised Form Filing

Status of Filing in Domicile: Pending

Project Number: 051-608

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 06/20/2008

State Status Changed: 06/02/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Enclosed herewith for your review are revised forms for Republic Mortgage Insurance Company (RMIC).

The following forms are being filed for informational purposes only, as the changes are not considered material and contain minor cosmetic changes to the forms.

- Annual and Single Premiums Cancellation Schedules – Premium Refunded CF-0055 (8.07)

*SERFF Tracking Number:* LDRD-125660821 *State:* Arkansas  
*Filing Company:* Republic Mortgage Insurance Company *State Tracking Number:* EFT \$120  
*Company Tracking Number:* 051-608  
*TOI:* 06.0 Mortgage Guaranty *Sub-TOI:* 06.0000 MG Sub-TOI Combinations  
*Product Name:* Revised Form Filing  
*Project Name/Number:* Revised Form Filing/051-608

- Application for Master Policy – CF-0017 (10/97) Revised 5/05

In addition, RMIC requests approval of revisions to the Notice of Modification/Assumption - Form Number CF-0013 (07/08). Please see Attachment 1 for a detailed listing of changes to this form.

Enclosed as Attachment 2 is a listing of all forms submitted in this filing and includes each form being revised, title of the form, revised form number, and the purpose of the form.

RMIC proposes that the revised Notice of Modification /Assumption become effective July 16, 2008. If you should have any questions or need additional information, please do not hesitate to call me on my toll free number, 800-999-7642 or by email at [cindie\\_lowe@rmic.com](mailto:cindie_lowe@rmic.com)

## Company and Contact

### Filing Contact Information

Cindie Lowe, Assistant Compliance Manager [cindie\\_lowe@rmic.com](mailto:cindie_lowe@rmic.com)  
190 Oak Plaza Boulevard (336) 661-4268 [Phone]  
Winston-Salem, NC 27105 (336) 661-2135[FAX]

### Filing Company Information

Republic Mortgage Insurance Company	CoCode: 28452	State of Domicile: North Carolina
101 North Cherry Street	Group Code: 150	Company Type: Mortgage Guaranty
Winston-Salem, NC 27101	Group Name: ORMGG	State ID Number:
(800) 999-7642 ext. [Phone]	FEIN Number: 56-1031043	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$120.00
Retaliatory?	No
Fee Explanation:	\$40 x 3 forms
Per Company:	No

<i>SERFF Tracking Number:</i>	<i>LDRD-125660821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$120</i>
<i>Company Tracking Number:</i>	<i>051-608</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Revised Form Filing</i>		
<i>Project Name/Number:</i>	<i>Revised Form Filing/051-608</i>		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Republic Mortgage Insurance Company	\$120.00	05/21/2008	20444654

<i>SERFF Tracking Number:</i>	<i>LDRD-125660821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$120</i>
<i>Company Tracking Number:</i>	<i>051-608</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Revised Form Filing</i>		
<i>Project Name/Number:</i>	<i>Revised Form Filing/051-608</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	06/20/2008	06/20/2008
Approved	Llyweyia Rawlins	06/02/2008	06/02/2008

### Amendments

<b>Item</b>	<b>Schedule</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Application for Master Policy	Form	Angela Martin	06/20/2008	06/20/2008

### Filing Notes

<b>Subject</b>	<b>Note Type</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Amendment to Application for Master Policy	Note To Reviewer	Angela Martin	06/20/2008	06/20/2008
Overpayment on Filing Fee	Note To Filer	Llyweyia Rawlins	06/02/2008	06/02/2008

<i>SERFF Tracking Number:</i>	<i>LDRD-125660821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$120</i>
<i>Company Tracking Number:</i>	<i>051-608</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Revised Form Filing</i>		
<i>Project Name/Number:</i>	<i>Revised Form Filing/051-608</i>		

## Disposition

Disposition Date: 06/20/2008

Effective Date (New): 07/16/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDRD-125660821	State:	Arkansas
Filing Company:	Republic Mortgage Insurance Company	State Tracking Number:	EFT \$120
Company Tracking Number:	051-608		
TOI:	06.0 Mortgage Guaranty	Sub-TOI:	06.0000 MG Sub-TOI Combinations
Product Name:	Revised Form Filing		
Project Name/Number:	Revised Form Filing/051-608		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Attachment 1 - List of Changes to Modification/Assumption	Approved	Yes
Supporting Document	Attachment 2 - Forms Being Filed and Revised	Approved	Yes
Form	Notice of Modification/Assumption	Approved	Yes
Form	Annual and Single Premiums Cancellation Schedules - Premium Refunded	Approved	Yes
Form (revised)	Application for Master Policy	Approved	Yes
Form	Application for Master Policy	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>LDRD-125660821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$120</i>
<i>Company Tracking Number:</i>	<i>051-608</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Revised Form Filing</i>		
<i>Project Name/Number:</i>	<i>Revised Form Filing/051-608</i>		

## Disposition

Disposition Date: 06/02/2008

Effective Date (New): 07/16/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LDRD-125660821	State:	Arkansas
Filing Company:	Republic Mortgage Insurance Company	State Tracking Number:	EFT \$120
Company Tracking Number:	051-608		
TOI:	06.0 Mortgage Guaranty	Sub-TOI:	06.0000 MG Sub-TOI Combinations
Product Name:	Revised Form Filing		
Project Name/Number:	Revised Form Filing/051-608		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Attachment 1 - List of Changes to Modification/Assumption	Approved	Yes
Supporting Document	Attachment 2 - Forms Being Filed and Revised	Approved	Yes
Form	Notice of Modification/Assumption	Approved	Yes
Form	Annual and Single Premiums Cancellation Schedules - Premium Refunded	Approved	Yes
Form (revised)	Application for Master Policy	Approved	Yes
Form	Application for Master Policy	Approved	Yes



SERFF Tracking Number: LDRD-125660821 State: Arkansas

Filing Company: Republic Mortgage Insurance Company State Tracking Number: EFT \$120

Company Tracking Number: 051-608

TOI: 06.0 Mortgage Guaranty Sub-TOI: 06.0000 MG Sub-TOI Combinations

Product Name: Revised Form Filing

Project Name/Number: Revised Form Filing/051-608

## Amendment Letter

Amendment Date:

Submitted Date: 06/20/2008

### Comments:

Republic Mortgage Insurance Company submits a revised Application for Master Policy. This form is still being filed for informational purposes only, and the changes to the form are cosmetic. Thank you for your assistance with this matter. Please let me know if you have questions or require additional information.

### Changed Items:

#### Form Schedule Item Changes:

Form Name	Form Number	Edition Date	Form Type	Action	Replaced Form #	Previous Filing #	Readability Score	Attachments
Application for Master Policy	CF-0017	(10.97) Revised 6.08	Application/Binder/Enrollment	Replaced	CF-0017		0	Application-for-MP-608.doc.pdf

<i>SERFF Tracking Number:</i>	<i>LDRD-125660821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$120</i>
<i>Company Tracking Number:</i>	<i>051-608</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Revised Form Filing</i>		
<i>Project Name/Number:</i>	<i>Revised Form Filing/051-608</i>		

**Note To Reviewer**

**Created By:**

Angela Martin on 06/20/2008 10:50 AM

**Subject:**

Amendment to Application for Master Policy

**Comments:**

Republic Mortgage Insurance Company requests that this filing be re-opened in order to amend the Application for Master Policy. This form is still being filed for informational purposes only, but we have made additional cosmetic changes. Thank you for your assistance and guidance on how to proceed in this matter.

<i>SERFF Tracking Number:</i>	<i>LDRD-125660821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$120</i>
<i>Company Tracking Number:</i>	<i>051-608</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Revised Form Filing</i>		
<i>Project Name/Number:</i>	<i>Revised Form Filing/051-608</i>		

**Note To Filer**

**Created By:**

Llyweyia Rawlins on 06/02/2008 11:24 AM

**Subject:**

Overpayment on Filing Fee

**Comments:**

Hello Cindie

There was overpayment on your filing fee. Arkansas form filing fee is only \$50 per filing. It does not matter how many forms you have.

You will be receiving a refund of \$70 shortly.

Thanks

Llyweyia Rawlins

SERFF Tracking Number: LDRD-125660821 State: Arkansas

Filing Company: Republic Mortgage Insurance Company State Tracking Number: EFT \$120

Company Tracking Number: 051-608

TOI: 06.0 Mortgage Guaranty Sub-TOI: 06.0000 MG Sub-TOI Combinations

Product Name: Revised Form Filing

Project Name/Number: Revised Form Filing/051-608

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Notice of Modification/Assumption	CF-0013	07/08	Policy/Coverage Form	Replaced Form #:0.00 CF-0013 (10/99) Previous Filing #:		Revised Modification Form.pdf
Approved	Annual and Single Premiums Cancellation Schedules - Premium Refunded	CF-0055	8.07	Declaration Replaced s/Schedule	Replaced Form #:0.00 CF-0055 (12/97) Previous Filing #:		PremiumsCancellation CF-0055 8_07 .pdf
Approved	Application for Master Policy	CF-0017	(10.97) Revised 6.08	Application/ Replaced Binder/Enrollment	Replaced Form #:0.00 CF-0017 Previous Filing #:		Application-for-MP-6 08.doc.pdf



## Notice of Modification/Assumption

Republic Mortgage Insurance Company • Republic Mortgage Insurance Company of North Carolina (NY only)  
P.O. Box 2514 • Winston-Salem, NC 27105 • 1-800-999-7642

### Insured's Information

Insured Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Insured Loan Number \_\_\_\_\_

### Loan Information

RMIC Certificate Number \_\_\_\_\_  
Current Borrower Name \_\_\_\_\_  
Property Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### ☐ MODIFICATION

All modifications, "including land releases, pledges, etc.," must be submitted to RMIC for written approval, EXCEPT a modification to convert an Adjustable Rate Mortgage (ARM) with a conversion to a Fixed Rate/Fixed Payment loan. All other changes should be indicated below in the **CHANGES** section.

#### ☐ ASSUMPTION

All assumptions must be submitted to RMIC for written approval.

Name(s) of assuming borrower(s) and Social Security Number(s) \_\_\_\_\_

Will the original borrower be released from liability? ☐ Yes ☐ No **If yes, please submit:** Loan application, current credit report, sales contract, VOD/VOE or acceptable alternative documentation, separation agreement or divorce decree.

Will any terms or conditions of the original loan be modified? ☐ Yes ☐ No **If yes, please indicate changes below in the **CHANGES** section.**

Is this loan delinquent? ☐ Yes ☐ No

Number of months delinquent? \_\_\_\_\_ Loan Due Date: \_\_\_\_\_ Resolution of Delinquency? \_\_\_\_\_

Describe changes (i.e. Insurance changes, Name changes, Partial Release, Pledges) \_\_\_\_\_

#### ☐ CHANGES

Effective Date of Modification/Assumption \_\_\_\_\_

### Term and Coverage

Term of loan (months) \_\_\_\_\_

Coverage Required \_\_\_\_\_

If the coverage required is greater than the current coverage, by signing below, Insured certifies no payments were more than 30 days past due during the 12 months preceding modification or since closing date of the existing loan, whichever is the lesser period of time.

### Loan Balance and Payment

	Existing	Modified
Balance \$	_____	_____
Accrual Rate %	_____	_____
Payment Rate %	_____	_____
P & I Only \$	_____	_____
PITI \$	_____	_____

### Modified Loan Type

- ☐ Fixed-Rate/Fixed Payment  
☐ Fully Amortized ARM  
☐ ARM with Potential Negative Amortization  
☐ Optional ARM  
☐ Other \_\_\_\_\_

### Other Information

Sales Price \$ \_\_\_\_\_

Occupancy Status: ☐ Primary  
☐ Non-Owner  
☐ Secondary

### Complete this information if the modified loan type is ARM or other Non Fixed payment loan, including buydown.

Index Name \_\_\_\_\_  
Margin \_\_\_\_\_  
Months to 1st Interest Rate Adj. \_\_\_\_\_  
Months Between Int. Rate Adj. \_\_\_\_\_  
Interest Rate Cap Per Adj. % \_\_\_\_\_  
Maximum Int. Rate (Life Cap) % \_\_\_\_\_  
Months to 1st Payment Adj. \_\_\_\_\_  
Months Between Payment Adj. \_\_\_\_\_  
Payment Cap Per Adj. % \_\_\_\_\_  
Temporary Buydown ☐ 1-0%  
☐ 2-1%  
☐ 3-2-1%

### Complete for RMIC Approval

(If an increase in coverage or other risk occurs, additional premium may be required. If a new note was executed, there may be a change in the renewal rate.) RMIC will fax or e-mail an endorsement to the existing RMIC certificate.

Person to Contact (Please Print) \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

The undersigned hereby certifies the facts as represented in this notice are true and correct.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

CF-0013 (07/08)



## Annual Premiums Cancellation Schedule—Premium Refunded

Days In Force	Premium Refunded
1	95%
2	94%
3-4	93%
5-6	92%
7-8	91%
9-10	90%
11-12	89%
13-14	88%
15-16	87%
17-18	86%
19-20	85%
21-22	84%
23-25	83%
26-29	82%
30-32—1 month	81%
33-36	80%
37-40	79%
41-43	78%
44-47	77%
48-51	76%
52-54	75%
55-58	74%
59-62—2 months	73%
63-65	72%
66-69	71%
70-73	70%
74-76	69%
77-80	68%
81-83	67%
84-87	66%
88-91—3 months	65%
92-94	64%

Days In Force	Premium Refunded
95-98	63%
99-102	62%
103-105	61%
106-109	60%
110-113	59%
114-116	58%
117-120	57%
121-124—4 months	56%
125-127	55%
128-131	54%
132-135	53%
136-138	52%
139-142	51%
143-146	50%
147-149	49%
150-153—5 months	48%
154-156	47%
157-160	46%
161-164	45%
165-167	44%
168-171	43%
172-175	42%
176-178	41%
179-182—6 months	40%
183-187	39%
188-191	38%
192-196	37%
197-200	36%
201-205	35%
206-209	34%
210-214—7 months	33%
215-218	32%

Days In Force	Premium Refunded
219-223	31%
224-228	30%
229-232	29%
233-237	28%
238-241	27%
242-246—8 months	26%
247-250	25%
251-255	24%
256-260	23%
261-264	22%
265-269	21%
270-273—9 months	20%
274-278	19%
279-282	18%
283-287	17%
288-291	16%
292-296	15%
297-301	14%
302-305—10 months	13%
306-310	12%
311-314	11%
315-319	10%
320-323	9%
324-328	8%
329-332	7%
333-337—11 months	6%
338-342	5%
343-346	4%
347-351	3%
352-355	2%
356-360	1%
361-365	0%

Schedule applies to refundable annual premiums and is based on the original LTV and term of a loan.  
For annual plans, RMIC's minimum retained premium is \$50 for an initial premium and \$10 for renewal premiums.

CF-0055 (8.07)



## 26-40 Years

## Single Premiums Cancellation Schedule—Premium Refunded

Whole Months In Force	LTV %			
	≤ 85	85.01-90	90.01-95	95.01-103
1	95%	96%	96%	97%
2	91%	94%	94%	95%
3	87%	92%	92%	93%
4	83%	90%	90%	91%
5	79%	88%	88%	89%
6	75%	86%	86%	87%
7	71%	84%	84%	85%
8	67%	82%	82%	83%
9	63%	80%	80%	81%
10	59%	78%	78%	79%
11	56%	76%	76%	77%
12	53%	74%	74%	75%
13	50%	72%	73%	74%
14	48%	70%	72%	73%
15	46%	69%	71%	72%
16	44%	68%	70%	71%
17	42%	67%	69%	70%
18	40%	66%	68%	69%
19	38%	65%	67%	68%
20	36%	64%	66%	67%
21	34%	63%	65%	66%
22	32%	62%	64%	65%
23	30%	61%	63%	64%
24	29%	60%	62%	63%
25	28%	59%	61%	62%
26	27%	58%	60%	61%
27	26%	57%	59%	60%
28	25%	56%	58%	59%
29	24%	55%	57%	58%
30	23%	54%	56%	57%
31	22%	53%	55%	56%
32	21%	52%	54%	55%
33	20%	51%	53%	54%
34	19%	50%	52%	53%
35	18%	49%	51%	52%
36	17%	48%	50%	51%
37	16%	47%	49%	50%
38	15%	46%	48%	50%
39	14%	45%	47%	49%
40	13%	44%	46%	48%
41	12%	43%	45%	47%
42	11%	42%	44%	46%
43	10%	41%	43%	45%
44	10%	40%	42%	44%
45	9%	39%	41%	43%
46	8%	38%	40%	42%
47	8%	37%	39%	41%
48	7%	36%	38%	40%
49	6%	35%	37%	39%
50	6%	34%	36%	38%
51	5%	33%	35%	37%
52	5%	32%	34%	36%

Whole Months In Force	LTV %			
	≤ 85	85.01-90	90.01-95	95.01-103
53	4%	31%	33%	35%
54	3%	30%	32%	34%
55	2%	29%	32%	33%
56	1%	28%	31%	32%
57	1%	27%	30%	31%
58	1%	26%	30%	30%
59	0%	25%	29%	29%
60		24%	28%	28%
61		23%	28%	27%
62		22%	27%	26%
63		21%	26%	25%
64		20%	26%	25%
65		20%	25%	24%
66		19%	24%	23%
67		18%	24%	23%
68		18%	23%	22%
69		17%	22%	21%
70		17%	22%	21%
71		16%	21%	20%
72		16%	20%	19%
73		15%	20%	19%
74		15%	19%	18%
75		14%	19%	17%
76		14%	19%	17%
77		13%	18%	16%
78		13%	18%	15%
79		13%	18%	15%
80		12%	17%	14%
81		12%	17%	13%
82		12%	17%	14%
83		11%	16%	13%
84		11%	16%	13%
85		10%	16%	12%
86		10%	15%	12%
87		10%	15%	12%
88		9%	15%	12%
89		9%	14%	11%
90		9%	14%	11%
91		8%	14%	11%
92		8%	13%	11%
93		8%	13%	10%
94		7%	13%	10%
95		7%	12%	10%
96		7%	12%	10%
97		6%	12%	9%
98		6%	11%	9%
99		6%	11%	9%
100		5%	11%	9%
101		5%	10%	8%
102		5%	10%	8%
103		4%	10%	8%
104		4%	9%	8%

Whole Months In Force	LTV %		
	85.01-90	90.01-95	95.01-103
105	4%	9%	7%
106	3%	9%	7%
107	3%	8%	7%
108	3%	8%	7%
109	2%	8%	7%
110	2%	7%	6%
111	2%	7%	6%
112	1%	7%	6%
113	1%	6%	6%
114	1%	6%	6%
115	0%	6%	5%
116		5%	5%
117		5%	5%
118		5%	5%
119		4%	5%
120		4%	5%
121		4%	4%
122		3%	4%
123		3%	4%
124		3%	4%
125		2%	4%
126		2%	4%
127		2%	4%
128		2%	3%
129		1%	3%
130		1%	3%
131		1%	3%
132		1%	3%
133		1%	3%
134		1%	3%
135		1%	3%
136		1%	2%
137		1%	2%
138		1%	2%
139		0%	2%
140			2%
141			2%
142			2%
143			2%
144			2%
145			1%
146			1%
147			1%
148			1%
149			1%
150			1%
151			1%
152			1%
153			1%
154			1%
155			0%

Schedule applies to refundable single premiums and is based on the original LTV and term of a loan.  
RMIC's retained premium is \$50 per loan.

CF-0055 (8.07)



## 0-25 Years

## Single Premiums Cancellation Schedule—Premium Refunded

Whole Months In Force	LTV %			
	≤ 85	85.01-90	90.01-95	95.01-103
1	95%	95%	95%	95%
2	86%	90%	90%	91%
3	78%	85%	85%	87%
4	71%	80%	80%	83%
5	64%	75%	75%	79%
6	58%	70%	71%	75%
7	52%	65%	67%	71%
8	46%	60%	63%	67%
9	40%	55%	59%	63%
10	34%	50%	55%	59%
11	28%	45%	51%	56%
12	22%	40%	47%	53%
13	17%	36%	44%	50%
14	15%	33%	41%	48%
15	13%	30%	38%	46%
16	11%	27%	36%	44%
17	9%	24%	34%	42%
18	7%	21%	32%	40%
19	5%	18%	30%	38%
20	4%	16%	28%	36%

Whole Months In Force	LTV %			
	≤ 85	85.01-90	90.01-95	95.01-103
21	3%	14%	26%	34%
22	2%	12%	24%	32%
23	1%	11%	22%	30%
24	0%	10%	21%	29%
25		9%	20%	28%
26		8%	19%	27%
27		7%	18%	26%
28		6%	17%	25%
29		5%	16%	24%
30		4%	15%	23%
31		3%	14%	22%
32		2%	13%	21%
33		2%	12%	20%
34		1%	11%	19%
35		1%	10%	18%
36		0%	9%	17%
37			8%	16%
38			7%	15%
39			6%	14%
40			5%	13%

Whole Months In Force	LTV %	
	90.01-95	95.01-103
41	3%	12%
42	2%	11%
43	2%	10%
44	1%	10%
45	1%	9%
46	0%	8%
47		8%
48		7%
49		6%
50		6%
51		5%
52		5%
53		4%
54		3%
55		2%
56		1%
57		1%
58		1%
59		0%





Republic Mortgage Insurance Company  
Republic Mortgage Insurance Company of North Carolina (NY only)  
101 North Cherry Street  
Winston-Salem, NC 27101  
800.999.RMIC (7642)

# Application for Master Policy

RMIC Account Manager

## Customer Information

Customer Name Street Address City, State, ZIP Phone Fax Website Address		Customer Mailing Address (if different from Street Address)  City, State, ZIP
Names and Titles of Principals 1. 2.	# Yrs Mortgage Experience	Business Established in (YYYY)
		Business License # issued in the state(s) of
Master Policy should be sent to: Name Job Title Phone		Master Policy Forwarding Address (if different from Mailing Address)  City, State, ZIP

## Agency Information This section must be completed before processing or approval.

### Are you currently approved by any of these entities?

<input type="checkbox"/> Federal Deposit Insurance Corporation (FDIC)	FDIC Certificate #	
<input type="checkbox"/> National Credit Union Administration (NCUA)	NCUA Charter #	
<input type="checkbox"/> Freddie Mac (FHLMC) Active Seller/Service #	Delivery volume over last 24 months	Number of repurchases over last 24 months
<input type="checkbox"/> Fannie Mae (FNMA) Active Seller/Service #	Delivery volume over last 24 months	Number of repurchases over last 24 months

### If you are not currently approved by any of the above Agencies, please provide three investor references.

Name of Investor		
Contact Name		
Job Title		
Phone		
# Years Associated		

## Disclosures

**WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. (Not applicable in Oregon and Vermont.)

**ME, TN, VA, WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**LA, NV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or a benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**FL, NH:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

## Authorization

### Required Information:

Name  
Title  
Date  
Authorized Signature

This application should be completed and returned to:  
**Mail:** RMIC, P.O. Box 2514, Winston-Salem, NC 27102  
**Fax:** 336.661.2081  
**Email:** PAA@rmic.com

## RMIC Internal Use Only

<b>Lender Type:</b> <input type="checkbox"/> State or Federal S&L (Thrift) <input type="checkbox"/> Commercial Bank <input type="checkbox"/> Mutual Savings Bank <input type="checkbox"/> Credit Union <input type="checkbox"/> Mortgage Broker <input type="checkbox"/> Mortgage Banker	Master Policy Approved By: Date Master Policy Issued: Comments/Special Circumstances
Master Policy #	Customer # (if known)

<i>SERFF Tracking Number:</i>	<i>LDRD-125660821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$120</i>
<i>Company Tracking Number:</i>	<i>051-608</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Revised Form Filing</i>		
<i>Project Name/Number:</i>	<i>Revised Form Filing/051-608</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: LDRD-125660821 State: Arkansas  
Filing Company: Republic Mortgage Insurance Company State Tracking Number: EFT \$120  
Company Tracking Number: 051-608  
TOI: 06.0 Mortgage Guaranty Sub-TOI: 06.0000 MG Sub-TOI Combinations  
Product Name: Revised Form Filing  
Project Name/Number: Revised Form Filing/051-608

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty **Review Status:** Approved 06/02/2008

**Comments:**

**Attachments:**

form filing schedule.pdf  
Transmittal signed.pdf

**Satisfied -Name:** Attachment 1 - List of Changes to  
Modification/Assumption **Review Status:** Approved 06/02/2008

**Comments:**

**Attachment:**

Attachment 1- Modification Forms Changes.pdf

**Satisfied -Name:** Attachment 2 - Forms Being Filed  
and Revised **Review Status:** Approved 06/02/2008

**Comments:**

**Attachment:**

Attachment 2 - Forms Listing.pdf

**FORM FILING SCHEDULE**(This form must be provided **ONLY** when making a filing that includes forms)**(Do not refer to the body of the filing for the forms listing.)**

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	051-608			
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)				
<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Please see Attachment 2.		<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property & Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

**Property & Casualty Transmittal Document (Revised 1/1/05)**

<b>1. Reserved for Insurance Dept. Use Only</b>          	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: f. State Filing #: g. SERFF Filing #:
---	---

<b>3. Group Name</b>	<b>Group NAIC #</b>
Old Republic Mortgage Guaranty Group	150

<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>
Republic Mortgage Insurance Company	North Carolina	28452	56-1031043

<b>5. Company Tracking Number</b>	051-608
-----------------------------------	---------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Cindie Lowe, 101 North Cherry Street, Winston-Salem, NC 27101	Assistant Compliance Manager	800-999-7642	336-661-2135	cindie_lowe@rmic.com

<b>7. Signature of authorized filer</b>	
<b>8. Please print name of authorized filer</b>	Cindie Lowe

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	06.0 Mortgage Guaranty
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	06.0000 MG Sub-TOI Combinations
<b>11. State Specific Product code(s)</b> (if applicable)[See State Specific Requirements]	
<b>12. Company Program Title</b> (Marketing title)	
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
<b>14. Effective Date(s) Requested</b>	New: 7/16/2008                      Renewal:
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16. Reference Organization</b> (if applicable)	
<b>17. Reference Organization # &amp; Title</b>	
<b>18. Company's Date of Filing</b>	5/16/2008
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

## Property & Casualty Transmittal Document—

<b>20.</b> <b>This filing transmittal is part of Company Tracking #</b>	051-608
---	---------

<b>21. Filing Description</b> [This area should be similar to the body of a cover letter and is free-form text]
---

Please see Filing Description in General Information tab.

<b>22. Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
---

**Check #:** Sent via EFT

**Amount:** \$120.00

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**List of Changes to Modification/Assumption Form**

The following outlines the changes being made to the Modification/Assumption Form:

- Cosmetic changes to Loan/Lender information
- Assumption –
  - Release from Liability – Enhanced Language
  - Loan Delinquent – Number of months and loan due date added.
  - Resolution of delinquency? – Enhanced Language
  - Line to describe changes added
- Additional Advance – removed from new form
- Changes Section
  - Added Term and Coverage section.
  - Loan Balance and Payment section – Added enhanced Interest Rate information, including Accrual Rate %, Payment Rate %, PITI \$ information
  - Modified Loan Type Added checkboxes
  - New section relating to ARM or Non Fixed payment loan, including buydown.
- E-mail address field added.

**REPUBLIC MORTGAGE INSURANCE COMPANY**  
**Forms Being Filed and Revised**  
**May 2008**

Form Being Revised	Title of Form	Form Being Filed	Purpose of Form
CF-0013 (10/99)	Notice of Modification/Assumption	CF-0013 (07/08)	To facilitate modification of mortgage insurance certificates when a lender permits a loan assumption by a new borrower or modifies an existing loan for the same borrower.
CF-0055 (12/97)	Annual and Single Premiums Cancellation Schedules – Premium Refunded	CF-0055 (8.07)	Schedule for calculating refunds of premium.
CF-0017	Application for Master Policy	CF-0017 (10/97) Revised 5/05	Application request for Master Policy.



<i>SERFF Tracking Number:</i>	<i>LDRD-125660821</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Republic Mortgage Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$120</i>
<i>Company Tracking Number:</i>	<i>051-608</i>		
<i>TOI:</i>	<i>06.0 Mortgage Guaranty</i>	<i>Sub-TOI:</i>	<i>06.0000 MG Sub-TOI Combinations</i>
<i>Product Name:</i>	<i>Revised Form Filing</i>		
<i>Project Name/Number:</i>	<i>Revised Form Filing/051-608</i>		

## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Application for Master Policy	05/21/2008	MasterPolicyApp.pdf



Republic Mortgage Insurance Company  
Republic Mortgage Insurance Company of North Carolina  
190 Oak Plaza Boulevard  
Winston-Salem, NC 27105  
800.999.RMIC (7642)

# Application for Master Policy

RMIC Account Manager

Customer Name

Mailing Address

Street Address

City, State, ZIP

City, State, ZIP

Telephone

Fax

**Names and Titles of Principals**

**# Years Mortgage Experience**

1.

2.

3.

Business Established in

(YYYY)

Business License #

issued in the state(s) of

**Master Policy Should Be Sent To:**

Name

Job Title

Telephone

Master Policy Forwarding Address (if different from Mailing Address)

## THIS SECTION MUST BE COMPLETED BEFORE PROCESSING OR APPROVAL.

Are you currently approved by any of these entities?

Federal Deposit Insurance Corporation (FDIC)

FDIC Certificate #

National Credit Union Administration (NCUA)

NCUA Certificate #

Freddie Mac (FHLMC) Active Seller/Servicer #

Delivery volume over last 24 months

Number of repurchases over last 24 months

Fannie Mae (FNMA) Active Seller/Servicer #

Delivery volume over last 24 months

Number of repurchases over last 24 months

**If you are not currently approved by any of the above Agencies, please provide three investor references.**

Name of Investor

Contact Name

Job Title

Telephone

# Years Associated

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, is subject to criminal and civil liability under state law and/or federal law. This application should be completed and returned to: RMIC, P.O. Box 2514, Winston-Salem, NC 27102.

Name

Title

Date

CF-0017 (10/97)

Revised 5/05

Thank you for selecting RMIC!

Page 1 of 2

Lender Type:                      1-State or Federal S& L (Thrift)                      4- Credit Union  
   2- Commercial Bank                      5-Mortgage Broker  
   3-Mutual Savings Bank                      6-Mortgage Banker

RMIC Associate Making Decision

Decision Date

Decision                      Approved                      Pending                      Rejected

Initial Quality Control Category                      1                      2                      3

Date Master Policy Issued

Comments/Special Circumstances

Master Policy #

Customer # (if known)